

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

2014 APR 28 PM | For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE (NESTEY H. BANK-L)						
2.b. IF COMMITTEE, NAME OF CANDIDATE 3. ELECTION DATE						
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route State State State Zip Code Phone Phone 71. 37363 (667-7280)						
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone						
5. OFFICE SOUGHT (include district number, if applicable) 6. NAME OF POLITICAL TREASURER (may be candidate) Chester Bankston						
7. CATEGORY/OR REPORT (Check one) FIRST SECOND THIRD FOURTH PRE- PRE- MID-YEAR YEAR-END QUARTER QUARTER QUARTER QUARTER PRIMARY GENERAL SUPPLEMENTAL SUPPLEMENTAL						
8.b. ENDING DATE OF REPORTING PERIOD 4.1.4						
a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.						
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. Act						
11. WITNESS SIGNATURE Uanda Bankstox 4/23/14 signature of witness date signature of witness date						
12. SUMMARY						
a. BALANCE ON HAND LAST REPORTs						
b. TOTAL RECEIPTS THIS PERIOD						
c. TOTAL DISBURSEMENTS THIS PERIOD						
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)						
e. TOTAL LOANS OUTSTANDING						
f. TOTAL OBLIGATIONS OUTSTANDING						



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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD						
RECEIPTS	FROM:4////4 TO:4/26/14						
15. CONTRIBUTIONS (other than loans and interest)							
a. Unitemized Contributions (\$100 or less from each source this period)\$							
b. Itemized Contributions (over \$100 from each source this period)\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$							
16. LOANS RECEIVED THIS REPORTING PERIOD							
17. INTEREST RECEIVED THIS REPORTING PERIOD	17. INTEREST RECEIVED THIS REPORTING PERIOD						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)							
DISBURSEMENTS							
19. EXPENDITURES (other than loan payments)							
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)							
-120 V - 7 10 Will - 3	340 <u>40 7</u>						
\$							
\$							
\$							
\$							
\$							
\$							
\$							
\$							
Total of Funerality of (0400 and							
Total of Expenditures (\$100 or less each payee)							
b. Itemized Expenditures (Over \$100 each payee this period)							
	c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)						
20. LOAN REPAYMENTS MADE THIS PERIOD							
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)							
22.IN-KIND CONTRIBUTIONS							
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$							
b. Itemized in-kind contributions (over \$100 from each source this period)\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$							
23. OBLIGATIONS							
a. Unitemized Obligations Outstanding (\$100 or less each)							
b. Itemized Obligations Outstanding (Over \$100 each)							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$							

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVER FROM: 4/1/14					TO: 4/26/14	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amounty /					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Alwards & Trophies Address, Chwood Pike				#260.02		
city/arrison	State Zip Code 7/N 3/34/				*	
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		-				
Address						
City	State	Zip Code				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		-				
Address						
City	State	Zip Code				
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
	H S AUGZAU					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					\$260.02	